

Senate, April 16, 1998. The Committee on Appropriations reported through SEN. CRISCO, 17th DIST., Chairman of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT TO CREATE A RESPITE CARE PILOT PROGRAM FOR THOSE WHO CARE FOR AN INDIVIDUAL WITH ALZHEIMER'S DISEASE.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (a) As used in this section:

2 (1) "Respite care services" means support
3 services which provide short-term relief from the
4 demands of ongoing care for an individual with
5 Alzheimer's disease.

6 (2) "Caretaker" means a person who has the
7 responsibility for the care of an individual with
8 Alzheimer's disease or has assumed the
9 responsibility for such individual voluntarily, by
10 contract or by order of a court of competent
11 jurisdiction.

12 (3) "Copayment" means a payment made by or on
13 behalf of an individual with Alzheimer's disease
14 for respite care services.

15 (4) "Individual with Alzheimer's disease"
16 means an individual with Alzheimer's disease or
17 related disorders.

18 (b) The Commissioner of Social Services shall
19 establish a demonstration program, within
20 available appropriations, to provide respite care
21 services for caretakers of individuals with

22 Alzheimer's disease, provided such individuals
23 with Alzheimer's disease meet the requirements set
24 forth in subsection (c) of this section. Such
25 respite care services may include, but need not be
26 limited to (1) homemaker services; (2) adult day
27 care; (3) temporary care in a licensed medical
28 facility; (4) home-health care; or (5) companion
29 services. Such respite care services may be
30 administered directly by the department, or
31 through contracts for services with providers of
32 such services, or by means of direct subsidy to
33 caretakers of individuals with Alzheimer's disease
34 to purchase such services.

35 (c) (1) No individual with Alzheimer's
36 disease may participate in the program if he (A)
37 has an annual income of more than thirty thousand
38 dollars or liquid assets of more than eighty
39 thousand dollars or (B) is covered by Medicaid.

40 (2) No individual with Alzheimer's disease
41 who participates in the program may receive more
42 than three thousand five hundred dollars for
43 services under the program in any fiscal year or
44 receive more than twenty-one days of out-of-home
45 respite care services under the program in any
46 fiscal year.

47 (3) The commissioner may require an
48 individual with Alzheimer's disease who
49 participates in the program to pay a copayment for
50 respite care services under the program, except
51 the commissioner may waive such copayment upon
52 demonstration of financial hardship by such
53 individual.

54 (d) Not later than January 1, 2000, the
55 commissioner shall submit a report on the
56 demonstration program to the joint standing and
57 select committees of the General Assembly having
58 cognizance of matters relating to human services,
59 public health and aging. Such report shall analyze
60 the strengths and shortcomings of the
61 demonstration program and shall include data on
62 (1) the number of individuals with Alzheimer's
63 disease served by the program; (2) the number and
64 type of services offered under the program, and
65 the average cost per service; and (3) the
66 effectiveness of the program at reducing
67 admissions of such individuals to long-term care
68 facilities.

69 (e) The commissioner shall adopt regulations
70 in accordance with the provisions of chapter 54 of
71 the general statutes to implement the provisions
72 of this section. Such regulations shall include,
73 but need not be limited to (1) standards for
74 eligibility for respite care services; (2) the
75 basis for priority in receiving services; (3)
76 qualifications and requirements of providers; (4)
77 provider reimbursement levels; (5) limits on
78 services and cost of services; and (6) a fee
79 schedule for copayments.

80 Sec. 2. This act shall take effect July 1,
81 1998.

82 STATEMENT OF LEGISLATIVE COMMISSIONERS: In
83 subsection (b) "provided such individuals with
84 Alzheimer's disease meet the requirements set
85 forth in subsection (c) of this section" was added
86 at the end of the first sentence for consistency
87 with subsection (c), and subsection (c) was
88 rewritten and divided into subdivisions to make
89 clear that the enumerated requirements refer to
90 eligibility and benefits under the demonstration
91 program and are not prohibitions on individuals
92 with Alzheimer's disease.

93	AGE	COMMITTEE VOTE: YEA 10 NAY 0	JFS	C/R	HS
94	HS	COMMITTEE VOTE: YEA 11 NAY 5	JF	C/R	APP
95	APP	COMMITTEE VOTE: YEA 50 NAY 0	JFS		

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"THE FOLLOWING FISCAL IMPACT STATEMENT AND BILL ANALYSIS ARE PREPARED FOR THE BENEFIT OF MEMBERS OF THE GENERAL ASSEMBLY, SOLELY FOR PURPOSES OF INFORMATION, SUMMARIZATION AND EXPLANATION AND DO NOT REPRESENT THE INTENT OF THE GENERAL ASSEMBLY OR EITHER HOUSE THEREOF FOR ANY PURPOSE."

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FISCAL IMPACT STATEMENT - BILL NUMBER sSB 250

STATE IMPACT Potential Significant Cost, see explanation below

MUNICIPAL IMPACT None

STATE AGENCY(S) Department of Social Services

EXPLANATION OF ESTIMATES:

This bill has a potential significant cost related to the provision of Alzheimer's respite services. This cost will depend on the number of clients that are served in the demonstration program and the amount of services provided. The bill does not set parameters for the size or location of the demonstration program. The Department of Social Services will also incur administrative costs related to the establishment of the program and the drafting of regulations. Funding for this program was not included under the DSS budget in sHB 5021 (An Act Making Adjustments to the State Budget for the Biennium Ending June, 30, 1999).

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OLR BILL ANALYSIS

sSB 250

AN ACT TO CREATE A RESPITE CARE PILOT PROGRAM FOR THOSE WHO CARE FOR AN INDIVIDUAL WITH ALZHEIMER'S DISEASE

SUMMARY: The bill requires the Department of Social Services (DSS) commissioner to establish a

demonstration program, within available appropriations, to provide respite care services for caretakers of individuals with Alzheimer's disease or related disorders. To be eligible, the patients' annual income cannot be more than \$30,000, their liquid assets cannot be over \$80,000, and they cannot be covered by Medicaid. The bill prescribes the types of services the program can offer and how it can be administered, limits the dollar amount and duration of respite services, allows DSS to require a copayment from the patient, requires DSS to adopt regulations to implement the program and specifies what they must include, and requires the commissioner to report on the program to certain legislative committees by January 1, 2000.

EFFECTIVE DATE: July 1, 1998

FURTHER EXPLANATION

Services and Administration

The bill defines respite care services as support services that provide short-term relief from the demands of ongoing care for an individual with Alzheimer's disease.

The respite care services can include homemaker services, adult day care, temporary care in a licensed medical facility, home health care, and companion services. The services can be administered directly by DSS, through contracts with service providers, or by means of a direct subsidy to the caretakers to purchase the services.

Service Limits and Copayments

The bill sets a cap of \$3,500 per fiscal year on services that the program can pay for and a limit of 21 days per fiscal year on out-of-home respite care services. It allows the commissioner to require the patient to pay a copayment for the services but lets her waive the copayment if the patient demonstrates financial hardship.

Regulations

The bill requires the commissioner to adopt implementing regulations. The regulations must include:

1. eligibility standards,
2. the basis for priority in receiving services,
3. providers' qualifications and requirements,
4. provider reimbursement levels,
5. limits on services and costs, and
6. a copayment fee schedule.

Report

The commissioner must report on the program by January 1, 2000 to the legislature's Human Services, Public Health, and Aging committees. The report must analyze the program's strengths and shortcomings and must include data on the (1) number of individuals with Alzheimer's disease it has served, (2) number and type of services the program offers and the average cost per service, and (3) program's effectiveness at reducing such individuals' admissions to long-term care facilities.

COMMITTEE ACTION

Aging Committee

Joint Favorable Substitute Change of Reference
Yea 10 Nay 0

Human Services Committee

Joint Favorable Change of Reference
Yea 11 Nay 5

Appropriations Committee

Joint Favorable Substitute
Yea 50 Nay 0